

THE COMMONWEALTH OF MASSACHUSETTS

NAME OF CITY OR TOWN _____

ASSESSORS USE ONLY

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DATE RECEIVED _____

APPLICATION NO. _____

PARCEL ID. _____

SURVIVING SPOUSE - MINOR**FY___ APPLICATION FOR STATUTORY EXEMPTION**

General Laws Chapter 59, Section 5

**THIS APPLICATION IS NOT OPEN
TO PUBLIC INSPECTION**

(See General Laws Chapter 59, Section 60.)

Must be filed with Board of Assessors on or
before December 15 or 3 months
after actual (**not** preliminary) tax bills
are mailed for fiscal year if later.

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INSTRUCTIONS: Complete all sections that apply. (Please print or type.)**A. IDENTIFICATION. Complete this section fully.**

Name of Applicant _____ Marital Status _____

Social Security No. _____ (optional) Tel. No. _____

Legal Residence (Domicile) on July 1, _____

Mailing Address (If different) _____

Location of Property _____ No. of Dwelling Units _____

Did you own the property on July 1, ____? ☐ Yes ☐ No

If yes, were you

☐ Sole Owner ☐ Co-Owner with Spouse Only ☐ Co-Owner with Others?Was the property subject to a trust as of July 1, ____? ☐ Yes ☐ No

(If yes, attach trust instrument including all schedules.)

Have you been granted any exemption in any other city or town for this year? ☐ Yes ☐ No

If yes, name of city or town _____ Amount exempted \$ _____

DISPOSITION OF APPLICATION (ASSESSORS' USE ONLY)☐ Ownership☐ GRANTED

Assessed Tax _____

☐ Occupancy☐ DENIED

Exempted Tax _____

☐ Status☐ DEEMED DENIED

Adjusted Tax _____

☐ Assets

Date Voted/Deemed Denied _____

Certificate No. _____

Date Cert./Notice Sent _____

Exemption: Clause _____ Date _____

BOARD OF ASSESSORS

B. EXEMPTION STATUS. Check the status that applies to you and complete the questions that follow.

☐ **SURVIVING SPOUSE** Deceased Spouse's Name _____
Date of Death _____
Have you remarried? ☐ Yes ☐ No
If yes, date of remarriage _____

☐ **MINOR WITH PARENT DECEASED** Deceased Parent's Name _____
Date of Death _____
(If first year of application, attach copy of death certificate.)

Are you a surviving spouse or a minor child of a firefighter or a police officer killed in the line of duty?
☐ Yes ☐ No

IF NO, GO ON TO SECTION C.

If yes, and this is and this is the first year of your application, provide circumstances of death.

GO ON TO SECTION D.

C. VALUE OF ALL PROPERTY OWNED ON JULY 1 THIS YEAR.
Documentation may be requested to verify your assets.

REAL ESTATE:	Assessed Valuation	Amount Due on Mortgage	VALUE
Domicile	_____	_____	_____
Other	_____	_____	_____

PERSONAL ESTATE:

Bank Accounts: Name and Address of Bank	Account No.	
_____	_____	_____
_____	_____	_____
_____	_____	_____

Stocks, Bonds, Securities, Etc.: Description and Amount	
_____	_____
_____	_____

Motor Vehicles and Trailers			
Year	Make	Model	
_____	_____	_____	_____
_____	_____	_____	_____

Other Non-Exempt Personal Property		
Kind	Description	
_____	_____	_____

TOTAL _____

D. SIGNATURE. Sign here to complete the application.

This application has been prepared or examined by me. Under the pains and penalties of perjury, I declare that to the best of my knowledge and belief, it and all accompanying documents and statements are true, correct and complete.

Your signature

Date

If signed by agent, attach copy of written authorization to sign on behalf of taxpayer.